

FILED OCT 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35339

 BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3017 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs, Mo		c. LENGTH OF STAY (in this place) 2 mos. 13	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital Excelsior Springs, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
		d. STREET ADDRESS (If rural, give location) 521 1/2 East 12th Street	
3. NAME OF DECEASED (Type or Print) a. (First) EARNEST b. (Middle) V c. (Last) BLEVINS			4. DATE OF DEATH (Month) (Day) (Year) October 4 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 25, 1880
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus driver	10b. KIND OF BUSINESS OR INDUSTRY Transit Company	11. BIRTHPLACE (City and State or Foreign Country) Withel County, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Yance Blevins		13b. MOTHER'S MAIDEN NAME Mary Cordell	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) Yes WW I	16. SOCIAL SECURITY NO. 513-01-9771	17. INFORMANT'S SIGNATURE OR NAME VA Hospital records ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH Unknown
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Tuberculosis, pulm. chr. far adv. act.			Unknown
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>7-21</u> 19 <u>53</u> , to <u>10-4</u> , 19 <u>53</u> that I last saw the deceased at the home of the deceased and that death occurred at <u>3:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>F. J. Mantell</i> (Degree or title) M.D.		23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 10/5/53
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 10/6/1953	24c. NAME OF CEMETERY OR CREMATORY Wadsworth Cemetery	24d. LOCATION (City, town, or county) (State) Wadsworth Kansas
DATE REC'D BY LOCAL REG. 10/6/53	REGISTRAR'S SIGNATURE <i>Caroline Hutchings</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Good-Bailey</i> ADDRESS Good-Bailey Orrick, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James A. Moles

Licensed Embalmer No. *3296*

P. O. Address *Elk Springs, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.